

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1997					Application or Docket Number <i>09/083, 793</i>			
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE <input type="checkbox"/> OR OTHER THAN SMALL ENTITY			
FOR		NUMBER FILED		NUMBER EXTRA		RATE <input type="checkbox"/> 395.00 OR <input type="checkbox"/> 790.00 OR <input type="checkbox"/> x\$22= <i>2376</i> OR <input type="checkbox"/> x82= <i>328</i> OR <input type="checkbox"/> +270= <i>04</i> OR <input type="checkbox"/> TOTAL <i>3494</i> <i>130</i>		
BASIC FEE		128		minus 20 = * 108				
TOTAL CLAIMS		7		minus 3 = * 4				
INDEPENDENT CLAIMS					MULTIPLE DEPENDENT CLAIM PRESENT			
<small>* If the difference in column 1 is less than zero, enter "0" in column 2</small>								
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL ENTITY OR OTHER THAN SMALL ENTITY			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE <input type="checkbox"/> x\$11= OR <input type="checkbox"/> x\$22= OR <input type="checkbox"/> x82= OR <input type="checkbox"/> +270= OR <input type="checkbox"/> TOTAL <i>130</i>	
	Total	* 142	Minus	** 128	= 14			
Independent	* 7	Minus	*** 7	=				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE <input type="checkbox"/> x\$11= OR <input type="checkbox"/> x\$22= OR <input type="checkbox"/> x82= OR <input type="checkbox"/> +270= OR <input type="checkbox"/> TOTAL <i>130</i>	
	Total	* 142	Minus	** 142	= 0			
Independent	* 7	Minus	*** 7	= 0				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE <input type="checkbox"/> x\$11= OR <input type="checkbox"/> x\$22= OR <input type="checkbox"/> x82= OR <input type="checkbox"/> +270= OR <input type="checkbox"/> TOTAL <i>130</i>	
	Total	* 0	Minus	** 0	=			
Independent	* 0	Minus	*** 0	=				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								
<small>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</small>								